William C. Faquin, MD, PhD

Acknowledgments to:

Susan J. Mandel, MD, MPH, Endocrine, U. Penn.

Pedro Patricio de Agustín de Agustín, MD, PhD

Pathology, Hospital Universitario "12 de Octubre", Madrid



The objective of this section is to determine what information relevant to thyroid FNA will impact the interpretation of the cytologic findings.

- Minimal information that should be present includes:
  - Usual CLIA-required info:
    - Name and address of person requesting the test
    - Patient's name or unique identifier
    - Patient gender
    - Patient age or date of birth
    - Test to be performed
    - Specimen source
    - Date of specimen collection
    - Any additional relevant information

- Additional information relevant to thyroid FNA that should be present includes:
  - Nodule location within the thyroid gland
  - Nodule size
  - History of hypothyroidism, autoimmune thyroiditis, positive test for antithyroid antibodies
  - History of cancer
  - Family history of thyroid cancer

- Optional information to be included:
  - Additional clinical history
  - Prior external beam radiation therapy
  - Prior I<sup>131</sup> therapy
  - Concurrent levothyroxine therapy
  - TSH level
  - Ultrasound results
  - Nuclear medicine imaging

- Controversies rounds 1 and 2:
  - "The ultrasound characteristics are of major importance."
  - "Size of the nodule" should also appear on the requisition form for thyroid FNA. This data combined with ultrasound ...and doppler data (vascularity) provide the pathologist gross characteristics of the nodule for the best interpretation of the aspirates."

#### **Conclusions:**

- Minimal information that should be present includes:
  - Usual CLIA required info (e.g. patient name etc)
  - Nodule location within thyroid gland
  - Nodule size
  - History of hypothyroidism, autoimmune thyroiditis, positive test for antithyroid antibodies
  - History of cancer
  - Family history of thyroid cancer

#### **Discussion**